

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10/25/15/25

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4		1				
5						
6		1				
7		1				
8						
9	1					
10						
11	11	1				
12						
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50						
TOTAL IND.	3					
TOTAL DEP.	72					
TOTAL CLAIMS	75					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						